CONTENTS

CHAPTER 3. NPTF (NEW PATIENT TREATMENT FILE) CODING INSTRUCTIONS FOR PATIENTS IN VA MEDICAL CENTERS

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301.01 GENERAL

a. This chapter will provide NPTF coding instructions for patients discharged from a VA (Department of Veterans Affairs) medical center. Instructions for the completion of transactions required to establish a NPTF record for the patient will be located in this chapter and are indicated by the references which follow.

b. The numbers in parens indicate transaction type. Transaction N501 may be prepared as a Discharge Diagnosis Transaction, a Patient Movement Transaction, or a Patient Movement Diagnosis Transaction depending on the physical location of the patient and the information to be entered.

c. An Admission Transaction (N101) will be prepared on every patient. Instructions for completing the N101 transaction begin with paragraph 301.02.

d. A Disposition Transaction (N701/N702) will be prepared on every patient. The N702 will only be prepared if applicable and will be used to report additional diagnoses as documented on VA Form 10-1000, Discharge Summary, VA Form 10-1000a, Abbreviated Medical Record, or VA Form 10-9034 series, Medical Record Report. Specific instructions begin with paragraph 301.03.

e. A Physical Location Transaction (N535) will be prepared each time a patient occupies a bed different from the physician specialty. Specific instructions begin with paragraph 301.05.

f. A Discharge Diagnosis Transaction (N501) will be prepared on every patient. Instructions for completing the discharge N501 begin with paragraph 301.04. A Patient Movement Diagnosis Transaction (N501) will be also completed to report a change in bed section occurring during an episode of hospitalization and the relating diagnostic codes. Instructions for completing the Patient Movement Transaction (N501) begin with paragraph 301.07.

g. A Procedure Transaction (N601) will be prepared to report non-OR (surgical procedures which do not take place in an operating room) procedures performed during an episode of care. Specific instructions begin with paragraph 301.06.

h. A Surgical Transaction (N401) will be prepared to report surgical procedures performed in an operating room during an episode of care. Instructions for completing the N401 transaction begin with paragraph 301.07.

i. When a VA NHCU (Nursing Home Care Unit) patient or CNH (Community Nursing Home)) or domiciliary resident is admitted to the medical center for care, the patient is placed in ASIH (absent sick in hospital) status. Upon discharge of the patient, a NPTF transaction will be prepared to report the episode of medical center care.

301.02 ADMISSION TRANSACTION (N101)

An Admission Transaction (N101) will be prepared for each admission to a VA medical center.

a. Control Data. Specific instructions for Control Data completion are found in MP-6, part XVI, chapter 2.

b. Last Name of Patient. Enter the patient's last name. This field will accept 12 letters of the last name. DO NOT use hyphens or apostrophes which may occur in names such as Mac-Bride and O'Connell. If the patient's name has less than 11 or 12 letters, the system will accept JR, SR, I, II, III, or IV.

c. Initials of First and Middle Names. Enter the initial of the patient's first name and the initial of the middle name.

d. Source of Admission. These codes indicate where medical center patients come from and/or their status at the time of admission. Select and enter the appropriate code from the following list:

(1) Direct admission of a veteran from:

1D VA NHCU
1E VA domiciliary
1G Contract CNH (under VA auspices)
1H CNH (not under VA auspices)
1J Government (non-Federal) mental hospital (not under VA auspices)
1K All other non-VA hospitals not under VA auspices
1L State Home (domiciliary or nursing home)
1M Direct (excludes admission from outpatient status)
1P Outpatient treatment
1R Research - veteran
1S Research - non-veteran
1T Observation and examination

(2) Direct admission of a non-veteran from:

2A Non-veteran, other than military
2B Military personnel, not directly from a military hospital
2C Military personnel, directly from a military hospital

(3) Transfer-in of a Veteran or Non-veteran from:

3A A VA medical center
3B Other Federal Hospital (excluding military hospital) under VA auspices
3C Other non-VA hospital under VA auspices (includes military hospital and State Home Hospital)
3E Transfer from a VA medical center to a VA medical center and the patient has been continuously hospitalized since before 7/1/86, the source of admission will generate a means test indicator of "X"

e. Transferring VA Facility. The entry identifies the VA facility or the non-VA facility from which the patient was admitted or transferred. Identification of the facility from which the patient was admitted/transferred is linked to the patient's source of admission.

(1) If the source of admission is a code 1D, 1E, 1G, 2C, or 3A through 3C, the transferring facility will be identified.

(2) If the source of admission is a code 1H through 1T, 2A or 2B, no entry will be made.

Facility Numbers for transferring facilities are found in appendix A.

(3) If the source of admission is a non-VA facility, enter the three position facility number for your medical center. Suffix modifiers which identify non-VA facilities can be found in MP-6, part XVI, chapter 7.

f. Source of Payment. No entry will be made.

g. POW (Prisoner of War Status). Enter the appropriate code from the following:

1 Not POW
3 Information not available
4 POW in WWI
5 POW in WWII, Europe only
6 POW in WWII, South Pacific
7 POW in Korean Conflict only
8 POW in Vietnam Era only
9 POW during more than one of the preceding periods of service

h. Marital Status. Enter the appropriate code from the following:

N Never married
M Married
S Separated
W Widowed
D Divorced
U Unknown

i. Sex. Enter one of the following codes:

M Male

F Female

j. Date of Birth

(1) Enter the numerical equivalent for the MONTH of birth (Jan. "01", Dec. "12"). If the month of birth is unknown, enter 00.

(2) Enter the DAY of the month of birth (01, 02, 31). If day of birth is unknown, enter 00.

(3) Enter four digits for the YEAR of birth, e. g., 1922, 1897. If year of birth is unknown, an estimated year of birth must be entered.

k. Period of Service. The codes following (subpara. 301.02 k (3)) are directly related to the CFR (admission authority) under which a patient is eligible for care and treatment.

(1) Active Military. Active military duty status takes precedence over any other status. In other words, a patient admitted while on active duty will be coded as A, B, C, or D, even though the patient may have entitlement as a veteran by virtue of a previous period of service.

(2) Veteran. Use the code for the latest wartime period of service when a veteran has

served in two or more wars EXCEPT when it is known that the patient is SC (service-connected) for a condition incurred in a prior war.

(3) Other Non-veterans. This group includes all patients other than veterans and active duty military, such as humanitarian emergencies, reimbursement cases, allied beneficiaries, donors, etc. If an OWCP (Office of Workers Compensation Program) case is admitted, code as "J", even though the patient is eligible as a veteran (not for extended care).

CODE	CFR
3	Spanish-American War American War
1	World War I (April 6, 1917, to November 11, 1918); date can be extended to April 1, 1920, if veteran served in Russia
2	World War II (December 7, 1941, to December 31, 1946)
4	Pre-Korean (Before June 27, 1950)
0	Korean Conflict (June 27, 1950, to January 31, 1955)
5	Post-Korean/Peacetime Service (February 1, 1955, to August 4,1964)
7	Vietnam Era (August 5, 1964, to May 7, 1975)
8	Post-Vietnam/Peacetime Service (On or after May 8, 1975)
X	Persian Gulf War (August 2, 1990, to ---------)
9	Other or None
W	Service in Czechoslovakian or Polish Armed Forces (Public Law 94-491)
Z	Merchant Marines
A	Active Duty--ARMY
B	Active Duty--NAVY/MARINE CORPS
C	Active Duty--AIR FORCE
D	Active Duty--COAST GUARD (Department of Transportation)
E	Retired members of uniformed services
F	Medically Remedial Enlistment Program
G	Merchant Seamen (USPHS (United States Public Health Service))
H	Other USPHS beneficiaries
I	Observation and examination
J	OWCP (Office of Workers Compensation Program)
K	Job Corps and Peace Corps
L	Railroad retirement
M	Beneficiaries of Foreign Governments
N	Humanitarian (non-veteran Emergency)
O	CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) RESTORE - VA MEDICAL CENTER, ALBUQUERQUE ONLY
P	Other contract reimbursable (non-veteran)
Q	Other Federal agency - dependent
R	Donors (non-veteran)
S	Special Studies (non-veteran)
T	Other non-veteran (not classified elsewhere)
U	Spouse, surviving spouse, child (CHAMPVA (Civilian Health and Medical Program of the VA)) (Public Law 93-82)
V	CHAMPUS
Y	New Philippine Scouts and Commonwealth Army Veterans
6	Persian Gulf War (Active Duty)

l. Exposure to Agent Orange. This information will be completed when the Period of Service is "7".

1	No claim of Service in Vietnam

2 Claims--Vietnam Service--NO Exposure to Agent Orange
3 Claims--Vietnam Service--EXPOSED to Agent Orange
4 Claims--Vietnam Service--UNKNOWN Exposure

m. Exposure to Ionizing Radiation. This information will be completed when Period of Service is coded 2, 4, 5, 7, or 8.

1 NO claim of Exposure to Ionizing Radiation
2 Claims--Exposure - Hiroshima or Nagasaki, Japan
3 Claims--Exposure - Nuclear Testing
4 Claims--Exposure - BOTH Nuclear Testing and Japan

n. Residence--State and County Codes. Code permanent residence of patient using codes contained in the latest edition of VHA (Veterans Health Administration) Manual, M-1, part 1, chapter 18. If patient's residence is a domiciliary; enter the state and county in which it is located.

o. Zip Code

(1) Enter ZIP code of permanent residence (National Zip Code Directory).

(2) If residence is a foreign country, code 75999.

(3) If ZIP code is unknown, code "X" in this data element for each of the five digits.

p. Means Test Indicator. A Means Test indicator will be entered for all VA patients who were admitted on and after July 1, 1986. The source document for this information will be VA Form 10-10, Application for Medical Benefits, or VA Form 10-10F, Financial Worksheet. Enter one of the following codes:

Code Definition

AS Category A SC veteran or special category veteran. (Special categories include: Mexican Border War, Spanish American War, World War I veteran, former POW, Agent Orange, Ionizing Radiation.)

AN Category A NSC (nonservice-connected) veteran. (AN is used for NSC veterans who are required to complete the VA Form 10-10F, and for NSC veterans in receipt of VA pension, aid and attendance or housebound allowance or State Medicaid.)

C Category C veteran. (This includs those pending adjudication.)

N Non-veteran.

X Not applicable. (The veteran was admitted prior to July 1, 1986 with no change in the level of care being received, i.e. if the patient was in the Nursing Home unit on July 1, 1986 and has remained in the NHCU since that date with no transfer to the hospital for treatment the "X" means test indicator will be accepted.)

U Means Test not done/not completed. (The Austin DPC (Data Processing Center) will not accept a NPTF transaction unless the Means Test has been completed.)

q. Income. The family income will be transmitted with each discharge from a medical facility. This information will be obtained from either the Income Screening information contained on the VA Form 10-10, or the completed VA Form 10-10F.

301.03 DISPOSITION TRANSACTION (N701/N702)

A Disposition Transaction (N701/N702) will be completed for all releases from a VA medical center. The N702 will be prepared when the patient has more than one diagnostic code to be entered.

a. Date and Time of Discharge. Enter the following information:

(1) Two-digit equivalent for MONTH (01, 12).

(2) Two-digit equivalent for DAY of month (01, 31).

(3) Last two digits of YEAR.

(4) Enter the time of the patients discharge from the hospital.

b. Discharge Specialty

(1) Enter the specialty code and the CDR (Cost Distribution Report) account code from the following categories. These codes should reflect the treating service of the physician not the physical location of the bed. For example, a surgical patient who occupies a bed on a medical ward due to a shortage of beds will be shown as a discharge from Surgical Service not Medical Service. If a specialty is not listed, assign a code for the general category, i.e., general surgery.

(2) General (acute) medicine covers a wide variety of conditions treated by internal medicine. These usually share one or more of the following characteristics:

(a) Recent onset;

(b) Finite duration (usually stay of less than 30 days);

(c) Changing or unstable medical condition;

(d) Requires frequent evaluation by a physician;

(e) Requires numerous diagnostic and therapeutic procedures; and

(f) May require special monitoring and interventions.

(3) Acute Psychiatry (Code 70) is defined as psychiatric care of 1 to 45 days. Psychiatric care involving a length-of-stay over 45 days is considered Long-term psychiatric care (Code 71).

CODE	NAME	CDR ACCOUNT
01	Allergy	1110.00
02	Cardiology	1110.00
03	Pulmonary, TB (Tuberculosis)	1110.00

04	Pulmonary, non-TB	1110.00
05	Gerontology	1110.00
06	Dermatology	1110.00
07	Endocrinology	1110.00
08	Gastroenterology	1110.00
09	Hematology/Oncology	1110.00
10	Neurology	1111.00
11	Epilepsy Center	1114.00
12	Medical ICU (Intensive Care Unit) /CCU (Cardiac Care Unit)	1117.00
14	Metabolic	1110.00
15	General (Acute Medicine)	1110.00
16	Cardiac-step Down Unit	1110.00
17	Telemetry	1110.00
19	Stroke Unit	1111.00
20	Rehabilitation Medicine	1113.00
21	Blind Rehabilitation	1115.00
22	Spinal Cord Injury	1116.00
40	Intermediate Medicine	1610.00
50	General Surgery	1210.00
51	Gynecology	1210.00
52	Neurosurgery	1210.00
53	Ophthalmology	1210.00
54	Orthopedic	1210.00
55	Otorhinolaryngology	1210.00
56	Plastic Surgery, inc Head/Neck	1210.00
57	Proctology	1210.00
58	Thoracic Surgery,including Cardiac	1210.00
59	Urology	1210.00
60	Oral Surgery	1210.00
61	Podiatry	1210.00
62	Peripheral Vascular	1210.00
63	Surgical ICU	1211.00
70	Acute Psychiatry (<45 DAYS)	1310.00
71	Long-term Psychiatry(>45 DAYS)	1310.00
72	Alcohol Treatment	1311.00
73	Drug Treatment	1312.00
74	Substance Abuse	1313.00
75	Halfway House	1110.00
76	Psychiatric Mentally Infirm	1310.00
83	Respite Care	1110.00
98	Non-DOD (Department of Defense) Beds in VA Facilities	8025.00
99	DOD Beds in VA Facilities	8024.00

(4) The VA inpatient specialties and accounts should be used to assign a patient to a particular specialty while the patient is in a VA facility. Having a specialty or service of treatment does not indicate or mean that a facility has an approved bed section. For example, although most VA medical centers have a Rehabilitative Medicine Service, they may not necessarily have a VA Central Office approved/designated rehabilitation specialty. This distinction is important since only bed sections that have been approved by VA Central Office may be submitted to the Austin DPC. Any NPTF record submitted by a facility for specialties that have not been approved by VA Central Office will be rejected.

c. Type of Disposition. Select and enter one of the following disposition codes:

1	Regular
2	Non-bed care
4	Irregular
5	Transfer (to another VA medical center or another hospital under VA auspices)
6	Death, with autopsy
7	Death, without autopsy

d. Outpatient Treatment. Select and enter one of the following codes; make NO entry for non-VA hospital or domiciliary

1	Yes
3	No

e. VA Auspices. Select and enter one of the following codes to indicate whether further care is to be provided under VA auspices (at VA expense).

1	Yes
2	No

f. Place of Disposition. Select and enter one of the following codes to show where the patient is going:

X	Return to community-independent
0	VA medical center
1	Military hospital
2	Other Federal hospital
3	Other Government hospital (state, county, city and State Home Hospital)
4	Community hospital
5	VA NHCU
7	CNH
B	State Home--nursing care
C	VA domiciliary
D	State Home--domiciliary care
F	Foster home
G	Halfway house
H	Boarding house
J	Penal institution
K	Residential hotel/resident (i.e., YMCA)
L	Other placement/unknown (not elsewhere specified)
P	HBHC (Hospital Based Home Care) VA Central Office APPROVED PROGRAM ONLY
R	SCI (Spinal Cord Injury)--VA Central Office APPROVED PROGRAM ONLY
T	Respite Care
U	Hospice Care

g. Receiving Facility. Make entries ONLY if beneficiary is to receive further care (hospital, nursing home or domiciliary) under VA auspices. Use codes in appendix A, or in the case of a CNH Care placement, use the three-digit code which identifies the

discharging facility and add the community nursing home suffix code, CNH. If your facility is transferring a patient to a community hospital at VA expense or on the basis of contract or sharing agreement, enter your own three-digit code and use the suffix to indicate the type of community hospital which will provide further care.

h. Extended Care Days ASIH. Leave blank.

i. Race (Omit for Non-VA Patients)

1 Hispanic White
2 Hispanic Black
3 American Indian or Alaskan Native
4 Black not of Hispanic origin
5 Asian or Pacific Islander
6 White, not of Hispanic origin
7 Unknown

j. C&P (Compensation and Pension Status)

1 Treated for compensable SC condition (rated 10 percent or more). (Use even if veteran is receiving a VA pension.)

2 Treated for a non-compensable SC condition (rated less than 10 percent). (Use even if veteran is receiving a VA pension.)

3 Treated for a NSC condition and has a compensable SC disability which did not require medical care. (Use even if veteran is receiving a VA pension.)

4 Treated for a NSC condition and has a non-compensable SC disability which did not require medical care. (Use even if veteran is receiving a VA pension.)

5 Treated for NSC condition, no SC disability and is in receipt of a VA pension.

6 Treated for NSC condition, has non-compensable disability which did not require medical care and is not in receipt of a VA pension.

7 Treated for NSC condition, no SC disability and is not in receipt of a VA pension.

8 Non-veteran.

k. DXLS (Diagnosis Responsible For Length of Stay). Enter the one code that has been designated as the diagnosis responsible for the major length of stay in the medical center.

l. Only Diagnosis Indicator. If the DXLS is the only diagnostic code which is being reported, the alpha character "X" will be entered. If there are additional diagnoses, no entry will be made.

m. Physical Location and CDR Codes. The physical location will be used to monitor the times a patient is housed in a physical location that is different from the specialty location. For example: When insufficient beds are available for use by Medical Service, the patient may be physically transferred to a bed on the Surgical Service. The physical

location of the patient and the appropriate CDR codes will be entered for all patients on the discharge transaction. The codes are:

CODE	NAME	CDR ACCOUNT
01	Allergy	1110.00
02	Cardiology	1110.00
03	Pulmonary, TB	1110.00
04	Pulmonary, non-TB	1110.00
05	Gerontology	1110.00
06	Dermatology	1110.00
07	Endocrinology	1110.00
08	Gastroenterology	1110.00
09	Hematology/Oncology	1110.00
10	Neurology	1111.00
11	Epilepsy Center	1114.00
12	Medical ICU/CCU	1117.00
14	Metabolic	1110.00
15	General (acute medicine)	1110.00
16	Cardiac-step Down Unit	1110.00
17	Telemetry	1110.00
19	Stroke Unit	1111.00
20	Rehabilitation medicine	1113.00
21	Blind Rehabilitation	1115.00
22	Spinal Cord Injury	1116.00
40	Intermediate Medicine	1610.00
50	General surgery	1210.00
51	Gynecology	1210.00
52	Neurosurgery	1210.00
53	Ophthalmology	1210.00
54	Orthopedic	1210.00
55	Otorhinolaryngology	1210.00
56	Plastic Surgery, inc head/neck	1210.00
57	Proctology	1210.00
58	Thoracic Surgery, inc Cardiac	1210.00
59	Urology	1210.00
60	Oral Surgery	1210.00
61	Podiatry	1210.00
62	Peripheral Vascula	1210.00
63	Surgical ICU	1211.00
70	Acute psychiatry (<45 DAYS)	1310.00
71	Long-term psychiatry(>45 DAYS)	1310.00
72	Alcohol treatment	1311.00
73	Drug treatment	1312.00
74	Substance abuse	1313.00
75	Halfway house	1110.00
76	Psychiatric mentally infirm	1310.00
83	Respite Care	1110.00
98	Non-DOD beds in VA facilities	8025.00
99	DOD beds in VA facilities	8024.00

n. Percent of Service Connection. The veteran's percentage of SC disability will be entered. If the veteran is not service connected, no entry will be made.

o. Legionnaire's Disease. When the ICD-9-CM (International Classification of

Diseases, Clinical Modification, Ninth Revision) Diagnostic Code of 482.8 is used, information regarding whether or not the patient was treated for Legionnaire's Disease will be collected.

1 Yes

2 No

p. Suicide Indicator

(1) When one of the following ICD-9-CM Diagnostic Codes is used, a suicide indicator must be determined:

E950.0	E950.1	E950.2	E950.3
E950.4	E950.5	E950.6	E950.7
E950.8	E950.9	E951.0	E951.1
E951.8	E952.0	E952.1	E952.8
E952.9	E953.0	E953.1	E953.8
E953.9	E954.	E955.0	E955.1
E955.2	E955.3	E955.4	E955.5
E955.9	E956.	E957.0	E957.1
E957.2	E957.9	E958.0	E958.1
E958.2	E958.3	E958.4	E958.5
E958.6	E958.7	E958.8	E958.9

(2) These codes are not appropriate as the DXLS and must be entered as secondary diagnoses. If one of the ICD-9-CM Diagnostic Codes is not used, no entry will be made.

1 Attempted

2 Accomplished

q. Substance Abuse Information. When one of the ICD-9-CM Diagnostic Codes following is used, a substance abuse code must be entered; if one of following codes is not used, no entry will be made.

304.00	304.01	304.02	304.03
304.10	304.11	304.12	304.13
304.30	304.31	304.32	304.33
304.40	304.41	304.42	304.43
304.50	304.51	304.52	304.53
304.60	304.61	304.62	304.63
305.20	305.21	305.22	305.23
305.30	305.31	305.32	305.33
305.40	305.41	305.42	305.43
305.50	305.51	305.52	305.53
305.70	305.71	305.72	305.73
305.90	305.91	305.92	305.93

(1) Specify dependence from the following:

A001 - Heroin
A002 - Methadone
A003 - Morphine

A004 - Opium
A005 - Other opiates
A006 - Benzodiazopenes
A007 - Meprobamate
A008 - Barbiturates
A009 - Other sedatives or hypnotics
A010 - Marijuana or other cannabis
A011 - Amphetamines
A012 - Other psychostimulant
A013 - LSD
A014 - PCP
A015 - Other hallucinogens
A016 - Tobacco
A017 - Miscellaneous specified drug
A018 - NEC (Unspecified Drug)

(2) Only one of the listed dependence categories may be entered into the NPTF system. If questions arise, contact the clinical staff for a determination as to the dependence requiring the majority of the care during the inpatient stay.

r. Psychiatry AXIS Classifications

(1) When a code from one of the ICD-9-CM Diagnostic categories following is used, the appropriate AXIS IV (Severity of Psychosocial Stressors) and AXIS V (Global Assessment of Functioning Scale) will be entered:

295.00	295.01	295.02	295.03
295.04	295.05	295.10	295.11
295.12	295.13	295.14	295.15
295.20	295.21	295.22	295.23
295.24	295.25	295.30	295.31
295.32	295.33	295.34	295.35
295.40	295.41	295.42	295.43
295.44	295.45	295.50	295.51
295.52	295.53	295.54	295.55
295.60	295.61	295.62	295.63
295.64	295.65	295.70	295.71
295.72	295.73	295.74	295.75
295.80	295.81	295.82	295.83
295.84	295.85	295.90	295.91
295.92	295.93	295.94	295.95
296.00	296.01	296.02	296.03
296.04	296.05	296.06	296.10
296.11	296.12	296.13	296.14
296.15	296.16	296.20	296.21
296.22	296.23	296.24	296.25
296.26	296.30	296.31	296.32
296.33	296.34	296.35	296.36
296.40	296.41	296.42	296.43
296.44	296.45	296.46	296.50
296.51	296.52	296.53	296.54
296.55	296.56	296.60	296.61
296.62	296.63	296.64	296.65
296.66	296.7	296.80	296.81

296.82	296.89	296.90	296.99
297.0	297.1	297.2	297.3
297.8	297.9	298.0	298.1
298.2	298.3	298.4	298.8
298.9	299.00	299.01	299.10
299.11	299.80	299.81	299.90
299.91	300.00	300.01	300.02
300.09	300.10	300.11	300.12
300.13	300.14	300.15	300.16
300.19	300.20	300.21	300.22
300.23	300.29	300.3	300.4
300.5	300.6	300.7	300.81
300.89	300.9	301.0	301.10
301.11	301.12	301.13	301.20
301.21	301.22	301.3	301.4
301.50	301.51	301.59	301.6
301.7	301.81	301.82	301.83
301.84	301.89	301.9	302.0
302.1	302.2	302.3	302.4
302.50	302.51	302.52	302.53
302.6	302.70	302.71	302.72
302.73	302.74	302.75	302.76
302.79	302.81	302.82	302.83
302.84	302.85	302.89	302.9
303.00	303.01	303.02	303.03
303.90	303.91	303.92	303.93
304.00	304.01	304.02	304.03
304.10	304.11	304.12	304.13
304.20	304.21	304.22	304.23
304.30	304.31	304.32	304.33
304.40	304.41	304.42	304.43
304.50	304.51	304.52	304.53
304.60	304.61	304.62	304.63
304.70	304.71	304.72	304.73
304.80	304.81	304.82	304.83
304.90	304.91	304.92	304.93
304.99	305.00	305.01	305.02
305.03	305.10	305.11	305.12
305.13	305.20	305.21	305.22
305.23	305.29	305.3	305.31
305.32	305.33	305.40	305.41
305.42	305.43	305.50	305.51
305.52	305.53	305.60	305.61
305.62	305.63	305.70	305.71
305.72	305.73	305.80	305.81
305.82	305.83	305.90	305.91
305.92	305.93	306.0	306.1
306.2	306.3	306.4	306.50
306.51	306.52	306.53	306.59
306.6	306.7	306.8	306.9
307.0	307.1	307.20	307.21
307.22	307.23	307.3	307.40
307.41	307.42	307.43	307.44
307.45	307.46	307.47	307.48
307.49	307.50	307.51	307.52

307.53	307.54	307.59	307.6
307.7	307.80	307.81	307.89
307.9	308.0	308.1	308.2
308.3	308.	308.9	309.0
309.1	309.21	309.22	309.23
309.2	309.28	309.29	309.3
309.4	309.81	309.82	309.83
309.89	309.9	310.0	310.1
310.2	310.8	310.9	311.
312.00	312.01	312.02	312.03
312.10	312.11	312.12	312.13
312.20	312.21	312.22	312.23
312.30	312.31	312.32	312.33
312.34	312.35	312.39	312.4
312.8	312.9	313.0	313.1
313.21	313.22	313.23	313.3
313.81	313.82	313.83	313.89
313.9	314.00	314.01	314.1
314.2	314.8	314.9	315.00
315.01	315.02	315.09	315.1
315.2	315.31	315.39	315.4
315.5	315.8	315.9	316.
317.	318.0	318.1	318.2
319.			

(2) The determination of the AXIS Classifications will be made by the clinical staff based on the patient's overall condition and will not be based on each of the ICD-9-CM Diagnostic codes entered. If one of the ICD-9-CM codes is not used, no entry will be made.

(a) AXIS IV - Severity of Psychosocial Stressors. Codes and terms are:

CODE	TERMINOLOGY
0	Inadequate information or no change in condition
1	None
2	Mild
3	Moderate
4	Severe
5	Extreme
6	Catastrophic

(b) AXIS V - Global Assessment of Functioning Scale. This scale will require the entry of two ratings from 0 (inadequate information) through 90 (grossly impaired). One rating will be made for the current time period and the second for the highest level of functioning in the past year. If there is no rating for the past year, no entry will be made in the second two digits. The codes listed will be used for entry into both ratings. Codes and terms are as follows:

CODE	TERMINOLOGY
90 to 81	Absent or minimal symptoms.
80 to 71	If symptoms are present, they are transient and expectable reactions to psychosocial stressors.

70 to 61	Some mild symptoms or some difficulty in social, occupational or school functioning.
60 to 51	Moderate symptoms or moderate difficulty in social, occupational or school functioning.
50 to 41	Serious symptoms or serious impairment in social, occupational or school functioning.
40 to 31	Some impairment in reality testing or communication or major impairment in several areas, such as school, family relations, judgment, thinking or mood.
30 to 21	Some danger of hurting self or others, occasionally fails to maintain personal hygiene, or gross impairment in communication or judgment or ability to function in almost all areas.
20 to 11	Some danger of hurting self or others, or occasionally fails to maintain minimal personal hygiene, or gross impairment in communication.
10 to 1	Persistent danger of severely hurting self or others,or persistent inability to maintain minimal personal hygiene, or serious suicidal act.
0	Inadequate information.

s. Treated for SC Condition. Each N501 segment will contain information as to whether or not the patient was treated for a SC condition during that portion of the inpatient stay. This information should be based on the diagnosis responsible for the major length of stay for the patient's inpatient care during the movement being coded.

301.04 DISCHARGE DIAGNOSTIC TRANSACTION (N501).

Discharge Diagnostic Transaction (N501) will be prepared for all releases from a VA medical center (hospital).

a. Date and Time of Discharge. Enter the following information:

(1) Two-digit equivalent for MONTH (01, 12).

(2) Two-digit equivalent for DAY of month (01, 31).

(3) Last two digits of YEAR.

(4) Enter the time of the patients discharge from the hospital.

b. Discharge Specialty. Enter the discharge specialty code from the categories following. This code should reflect the treating service of the physician, not the physical location of the bed, i.e., a surgical patient who occupies a bed on a medical ward due to surgical bed shortage is discharged from Surgical Service not Medical Service.

CODE	NAME	CDR ACCOUNT	
01	Allergy	1110.00	
02	Cardiology	1110.00	
03	Pulmonary, TB	1110.00	
04	Pulmonary, non-TB	1110.00	
05	Gerontology	1110.00	
06	Dermatology	1110.00	
07	Endocrinology	1110.00	
08	Gastroenterology	1110.00	
09	Hematology/Oncology	1110.00	
10	Neurology	1111.00	
11	Epilepsy Center	1114.00	
12	Medical ICU/CCU	1117.00	
14	Metabolic	1110.00	
15	General (acute medicine)	1110.00	
16	Cardiac-step Down Unit	1110.00	
17	Telemetry	1110.00	
19	Stroke Unit	1111.00	
20	Rehabilitation Medicine	1113.00	
21	Blind Rehabilitation		1115.00
22	Spinal Cord Injury	1116.00	
40	Intermediate medicine		1610.00
50	General Surgery	1210.00	
51	Gynecology	1210.00	
52	Neurosurgery	1210.00	
53	Ophthalmology	1210.00	
54	Orthopedic	1210.00	
55	Otorhinolaryngology	1210.00	
56	Plastic Surgery, inc head/neck	1210.00	
57	Proctology	1210.00	
58	Thoracic Surgery, inc Cardiac	1210.00	
59	Urology	1210.00	
60	Oral Surgery	1210.00	
61	Podiatry	1210.00	
62	Peripheral Vascular	1210.00	
63	Surgical ICU	1211.00	
70	Acute psychiatry (<45 DAYS)	1310.00	
71	Long-term psychiatry(>45 DAYS)	1310.00	
72	Alcohol treatment	1311.00	
73	Drug treatment	1312.00	
74	Substance Abuse	1313.00	
75	Halfway house	1110.00	
76	Psychiatric mentally infirm	1310.00	
83	Respite Care	1110.00	
98	Non-DOD beds in VA facilities	8025.00	
99	DOD beds in VA facilities	8024.00	

c. Leave Days on Bed Section. Enter the number of days on this bed section that the patient was on leave during the present episode of care. Any period of unauthorized absence will be reported in leave days.

d. Pass Days on Bed Section. Enter the number of days on this bed section that the patient was on pass during the present episode of care.

e. Spinal Cord Injury Indicator. If the patient's spinal cord indicator changes during the patient's admission, the Spinal Cord Indicator may be edited to indicate the appropriate information for each N501 movement. Enter one of the following codes:

1 - Paraplegia-Traumatic
2 - Quadriplegia-Traumatic
3 - Paraplegia-Nontraumatic
4 - Quadriplegia-Nontraumatic
X - Not Applicable

f. DXLS for Discharging Bed Section. Enter the ICD-9-CM code which represents the diagnosis responsible for the major part of the patient's stay on the discharging bed section.

g. Other Diagnostic Codes for Discharging Bed Section. Only four additional diagnostic codes are permitted for each patient discharge.

h. Bed Occupancy Status. Enter one of the following codes which represents the patient's bed occupancy status at the time of discharge:

1 - Bed Occupant
2 - Patient on Pass
3 - Patient on Leave (includes unauthorized absence)

i. Legionnaire's Disease. When the ICD-9-CM Diagnostic Code of 482.8 is used, information regarding whether or not the patient was treated for Legionnaire's Disease will be collected.

1 - Yes

2 - No

j. Suicide Indicator

(1) When one of the following ICD-9-CM Diagnostic Codes is used, a suicide indicator must be determined:

E950.0	E950.1	E950.2	E950.3
E950.4	E950.5	E950.6	E950.7
E950.8	E950.9	E951.0	E951.1
E951.8	E952.0	E952.1	E952.8
E952.9	E953.0	E953.1	E953.8
E953.9	E954.	E955.0	E955.1
E955.2	E955.3	E955.4	E955.5
E955.9	E956.	E957.0	E957.1
E957.2	E957.9	E958.0	E958.1
E958.2	E958.3	E958.4	E958.5
E958.6	E958.7	E958.8	E958.9

(2) These codes are not appropriate as the DXLS and must be entered as secondary diagnoses. If one of the preceding codes is not used, no entry will be made.

1 - Attempted

2 - Accomplished

k. Substance Abuse Information. When one of the ICD-9-CM Diagnostic Codes listed is used, a substance abuse code must be entered; if one of the preceding substance abuse codes is not used, no entry will be made.

304.00	304.01	304.02	304.03
304.10	304.11	304.12	304.13
304.30	304.31	304.32	304.33
304.40	304.41	304.42	304.43
304.50	304.51	304.52	304.53
304.60	304.61	304.62	304.63
305.20	305.21	305.22	305.23
305.30	305.31	305.32	305.33
305.40	305.41	305.42	305.43
305.50	305.51	305.52	305.53
305.70	305.71	305.72	305.73
305.90	305.91	305.92	305.93

(1) Specify dependence from the following:

A001 - Heroin
A002 - Methadone
A003 - Morphine
A004 - Opium
A005 - Other opiates
A006 - Benzodiazopenes
A007 - Meprobamate
A008 - Barbiturates
A009 - Other sedatives or hypnotics
A010 - Marijuana or other cannabis
A011 - Amphetamines
A012 - Other psychostimulant
A013 - LSD
A014 - PCP
A015 - Other hallucinogens
A016 - Tobacco
A017 - Miscellaneous specified drug
A018 - NEC

(2) Only one of the dependence categories may be entered into the NPTF system. If questions arise, contact the clinical staff for a determination as to the dependence requiring the majority of the care during the inpatient stay.

l. Psychiatry AXIS Classifications. When a code from one of the ICD-9-CM Diagnostic categories following is used, the appropriate AXIS IV (Severity of Psychosocial Stressors) and AXIS V (Global Assessment of Functioning Scale) will be entered:

295.00	295.01	295.02	295.03
295.04	295.05	295.10	295.11
295.12	295.13	295.14	295.15
295.20	295.21	295.22	295.23
295.24	295.25	295.30	295.31
295.32	295.33	295.34	295.35

295.40	295.41	295.42	295.43
295.44	295.45	295.50	295.51
295.52	295.53	295.54	295.55
295.60	295.61	295.62	295.63
295.64	295.65	295.70	295.71
295.72	295.73	295.74	295.75
295.80	295.81	295.82	295.83
295.84	295.85	295.90	295.91
295.92	295.93	295.94	295.95
296.00	296.01	296.02	296.03
296.04	296.05	296.06	296.10
296.11	296.12	296.13	296.14
296.15	296.16	296.20	296.21
296.22	296.23	296.24	296.25
296.26	296.30	296.31	296.32
296.33	296.34	296.35	296.36
296.40	296.41	296.42	296.43
296.44	296.45	296.46	296.50
296.51	296.52	296.53	296.54
296.55	296.56	296.60	296.61
296.62	296.63	296.64	296.65
296.66	296.7	296.80	296.81
296.82	296.89	296.90	296.99
297.0	297.1	297.2	297.3
297.8	297.9	298.0	298.1
298.2	298.3	298.4	298.8
298.9	299.00	299.01	299.10
299.11	299.80	299.81	299.90
299.91	300.00	300.01	300.02
300.09	300.10	300.11	300.12
300.13	300.14	300.15	300.16
300.19	300.20	300.21	300.22
300.23	300.29	300.3	300.4
300.5	300.6	300.7	300.81
300.89	300.9	301.0	301.10
301.11	301.12	301.13	301.20
301.21	301.22	301.3	301.4
301.50	301.51	301.59	301.6
301.7	301.81	301.82	301.83
301.84	301.89	301.9	302.0
302.1	302.2	302.3	302.4
302.50	302.51	302.52	302.53
302.6	302.70	302.71	302.72
302.73	302.74	302.75	302.76
302.79	302.81	302.82	302.83
302.84	302.85	302.89	302.9
303.00	303.01	303.02	303.03
303.90	303.91	303.92	303.93
304.00	304.01	304.02	304.03
304.10	304.11	304.12	304.13
304.20	304.21	304.22	304.23
304.30	304.31	304.32	304.33
304.40	304.41	304.42	304.43
304.50	304.51	304.52	304.53
304.60	304.61	304.62	304.63

304.70	304.71	304.72	304.73
304.80	304.81	304.82	304.83
304.90	304.91	304.92	304.93
304.99	305.00	305.01	305.02
305.03	305.10	305.11	305.12
305.13	305.20	305.21	305.22
305.23	305.29	305.30	305.31
305.32	305.3	305.40	305.41
305.42	305.43	305.50	305.51
305.52	305.53	305.60	305.61
305.62	305.63	305.70	305.71
305.72	305.73	305.80	305.81
305.82	305.83	305.90	305.91
305.92	305.93	306.0	306.1
306.	306.3	306.4	306.50
306.51	306.52	306.53	306.59
306.6	306.7	306.8	306.9
307.0	307.1	307.20	307.21
307.22	307.23	307.3	307.40
307.41	307.42	307.43	307.44
307.45	307.46	307.47	307.48
307.49	307.50	307.51	307.52
307.53	307.54	307.59	307.6
307.7	307.80	307.81	307.89
307.9	308.0	308.1	308.2
308.3	308.4	308.9	309.0
309.1	309.21	309.22	309.23
309.24	309.28	309.29	309.3
309.4	309.81	309.8	309.83
309.8	309.9	310.0	310.1
310.2	310.8	310.9	311.
312.00	312.01	312.02	312.03
312.10	312.11	312.12	312.13
312.20	312.21	312.22	312.23
312.30	312.31	312.32	312.33
312.34	312.35	312.39	312.4
312.8	312.9	313.0	313.1
313.21	313.2	313.23	313.3
313.81	313.82	313.83	313.89
313.9	314.00	314.01	314.1
314.2	314.8	314.9	315.00
315.01	315.02	315.09	315.1
315.2	315.31	315.39	315.4
315.5	315.	315.9	316.
317.	318.0	318.1	318.2
319.			

(1) The determination of the AXIS Classifications will be made by the clinical staff based on the patient's overall condition and will not be based on each of the ICD-9-CM Diagnostic codes entered. If one of the ICD-9-CM Diagnostic codes is not used, no entry will be made.

(2) Enter a one-digit rating from 0 (inadequate information/unchanged) through 6 (catastrophic). Although up to four stressors may be described in the medical record, only one overall rating indicating maximal stress is to be indicated and entered into NPTF.

(a) AXIS IV - Severity of Psychosocial Stressors. Codes and terms are:

CODE	TERMINOLOGY
0	Inadequate information or no change in condition
1	None
2	Mild
3	Moderate
4	Severe
5	Extreme
6	Catastrophic

(2) AXIS V - Global Assessment of Functioning Scale. This scale will require the entry of two ratings from 0 (inadequate information) through 90 (grossly impaired). One rating will be made for the current time period and the second for the highest level of functioning in the past year. If there is no rating for the past year, no entry will be made in the second two digits. The codes following will be used for entry into both ratings. Codes and terms are:

CODE	TERMINOLOGY
90 to 81	Absent or minimal symptoms.
80 to 71	If symptoms are present, they are transient and expectable reactions to psychosocial stressors.
70 to 61	Some mild symptoms or some difficulty in social, occupational, or school functioning.
60 to 51	Moderate symptoms or moderate difficulty in social, occupational, or school functioning.
50 to 41	Serious symptoms, or serious impairment in social, occupational, or school functioning.
40 to 31	Some impairment in reality testing or communication, or major impairment in several areas, such as school, family relations, judgment, thinking, or mood.
30 to 21	Some danger of hurting self or others, or occasionally fails to maintain personal hygiene, or gross impairment in communication or judgment or ability to function in almost all areas.
20 to 11	Some danger of hurting self or others or occasionally fails to maintain minimal personal hygiene, or gross impairment in communication with clear expectations of death.
10 to 1	Persistent danger of severely hurting self or others, or persistent inability to maintain minimal personal hygiene, or serious suicidal act.
0	Inadequate information.

m. Treated for SC Condition. Each N501 segment will contain information as to whether or not the patient was treated for a SC condition during that portion of the inpatient stay. This information should be based on the diagnosis responsible for the major length of the patient's inpatient care for the movement.

301.05 PHYSICAL LOCATION TRANSACTION (N535)

a. The Physical Location Transaction will be used to monitor the times a patient is housed in a physical location that is different from the specialty location. For example: When insufficient beds are available for use by Medical Service, the patient may be physically transferred to a bed on the Surgical Service. The physical location of the patient and the appropriate CDR codes will be entered for all patients on the discharge transaction. A N535 transaction will be created at this time.

b. Leave and pass days for the time the patient is in a Physical Location different from the specialty location will be transmitted in the N535 transaction.

c. The Austin DPC will not process more than 25 N535 transactions per discharge. All transactions over the 25 limit will be deleted.

301.06 PROCEDURE TRANSACTION (N601)

a. Procedures will be reported on the N601 transaction:

(1) "Procedure" for purpose of NPTF includes dental procedures, and is defined as a non-OR intervention operation or nonsurgical action (diagnostic, therapeutic, etc.) and is not documented on an SF 516. Procedures may be documented in progress notes, on consultation reports, abbreviated hospital summaries, radiology and nuclear medicine reports, etc.

(2) The procedures transaction can accommodate five ICD-9-CM code entries performed at any date and time during a period of hospitalization. If more than five procedures were performed, only the most significant will be entered.

(3) Dialysis treatment types and number of dialysis episodes will be reported on the procedure transaction. Patients who receive routine maintenance dialysis are considered outpatients and are not reported into the NPTF. Multiple dialysis types of treatment received during a hospitalization may be reported on the N601 transaction for the date of occurrence.

b. Coding

(1) Date and Time of Procedure. Enter the following information:

(a) Two-digit equivalent for MONTH (01, 12).

(b) Two-digit equivalent for DAY of month (01, 31).

(c) Last two digits of YEAR.

(d) Enter the time the procedure started.

(2) Bed Section. Enter the patient's bed section code from the transaction categories following:

CODE	NAME	CDR ACCOUNT
01	Allergy	1110.00
02	Cardiology	1110.00
03	Pulmonary, TB	1110.00
04	Pulmonary, non-TB	1110.00
05	Gerontology	1110.00
06	Dermatology	1110.00
07	Endocrinology	1110.00
08	Gastroenterology	1110.00
09	Hematology/Oncology	1110.00
10	Neurology	1111.00
11	Epilepsy Center	1114.00
12	Medical ICU/CCU	1117.00
14	Metabolic	1110.00
15	General (acute medicine)	1110.00
16	Cardiac-step Down Unit	1110.00
17	Telemetry	1110.00
19	Stroke Unit	1111.00
20	Rehabilitation Medicine	1113.00
21	Blind Rehabilitation	1115.00
22	Spinal Cord Injury	1116.00
40	Intermediate medicine	1610.00
50	General surgery	1210.00
51	Gynecology	1210.00
52	Neurosurgery	1210.00
53	Ophthalmology	1210.00
54	Orthopedic	1210.00
55	Otorhinolaryngology	1210.00
56	Plastic Surgery, inc head/neck	1210.00
57	Proctology	1210.00
58	Thoracic Surgery, inc Cardiac	1210.00
59	Urology	1210.00
60	Oral Surgery	1210.00
61	Podiatry	1210.00
62	Peripheral Vascular	1210.00
63	Surgical ICU	1211.00
70	Acute psychiatry (<45 DAYS)	1310.00
71	Long-term psychiatry(>45 DAYS)	1310.00
72	Alcohol treatment	1311.00
73	Drug treatment	1312.00
74	Substance abuse	1313.00
75	Halfway house	1110.00
76	Psychiatric mentally infirm	1310.00
83	Respite Care	1110.00
98	Non-DOD beds in VA facilities	8025.00
99	DOD beds in VA facilities	8024.00

(3) Dialysis Type. Enter one of the following codes to report the type of dialysis treatment the patient received during this hospitalization. This information will be reported upon discharge. If the patient received multiple types of dialysis (i.e., from peritoneal to hemodialysis), an N601 will be prepared to report each type of treatment received and the number of treatments provided; use the date of the last dialysis treatment provided for the date of procedure.

1	Acute hemodialysis treatment
2	Chronic assisted (full care) hemodialysis treatment
3	Limited/self care hemodialysis treatment
4	Acute peritoneal dialysis treatment
5	Chronic assisted (full care) peritoneal dialysis treatment
6	Limited/self care peritoneal dialysis treatment
7	Home hemodialysis training treatment
8	Home peritoneal dialysis treatment

(4) Number of Dialysis Treatments. Enter the number of times that the type of dialysis treatment reported was provided during the hospitalization.

(5) Procedure Codes. Five ICD-9-CM non-OR procedure codes can be reported for each date and time of procedure. The NPTF system will accept a maximum of 32 transactions per hospitalization.

301.07 PATIENT MOVEMENT TRANSACTION (N501)

A Patient Movement Transaction (N501) will be prepared for each transfer between bed sections in a VA health care facility. A Patient Movement is defined as any transfer between bed sections, and the patient remains on the new bed section as of midnight of that date or a transfer to a specialized unit where the patient remains as of midnight of that date. The source for this information will be VA Form(s) 10-1214N-4, Patient Transfer Note. A patient movement will not be reported for patients placed in a specialty bed due to a lack of available beds on an appropriate bed section or transferred for reasons other than a change in patient care requirements.

a. Date and Time of Movement

(1) Two-digit equivalent for MONTH (01, 12).

(2) Two-digit equivalent for DAY of month (01, 31).

(3) Last two digits of YEAR.

(4) Enter the time of the patient's movement

b. Losing Bed Section. Enter appropriate losing Bed Section code from the following category:

CODE	NAME	CDR ACCOUNT
01	Allergy	1110.00
02	Cardiology	1110.00
03	Pulmonary, TB	1110.00
04	Pulmonary, non-TB	1110.00
05	Gerontology	1110.00
06	Dermatology	1110.00
07	Endocrinology	1110.00
08	Gastroenterology	1110.00
09	Hematology/Oncology	1110.00
10	Neurology	1111.00
11	Epilepsy Center	1114.00
12	Medical ICU/CCU	1117.00
14	Metabolic	1110.00

15	General (acute medicine)	1110.00
16	Cardiac-step Down Unit	1110.00
17	Telemetry	1110.00
19	Stroke Unit	1111.00
20	Rehabilitation Medicine	1113.00
21	Blind Rehabilitation	1115.00
22	Spinal Cord Injury	1116.00
40	Intermediate medicine	1610.00
50	General surgery	1210.00
51	Gynecology	1210.00
52	Neurosurgery	1210.00
53	Ophthalmology	1210.00
54	Orthopedic	1210.00
55	Otorhinolaryngology	1210.00
56	Plastic Surgery, inc Head/Neck	1210.00
57	Proctology	1210.00
58	Thoracic Surgery, inc Cardiac	1210.00
59	Urology	1210.00
60	Oral Surgery	1210.00
61	Podiatry	1210.00
62	Peripheral Vascular	1210.00
63	Surgical ICU	1211.00
70	Acute psychiatry (<45 DAYS)	1310.00
71	Long-term psychiatry(>45 DAYS)	1310.00
72	Alcohol treatment	1311.00
73	Drug treatment	1312.00
74	Substance abuse	1313.00
75	Halfway house	1110.00
76	Psychiatric mentally infirm	1310.00
83	Respite Care	1110.00
98	Non-DOD beds in VA facilities	8025.00
99	DOD beds in VA facilities	8024.00

c. Leave Days on Bed Section. Enter the number of days on this bed section that the patient was on authorized, or unauthorized leave during the present episode of care. Any period of unauthorized absence will be included in the leave days reported.

d. Pass Days on Bed Section. Enter the number of days on this bed section that the patient was on pass during the present episode of care.

e. Spinal Cord Injury Indicator. If the patient's spinal cord indicator changes during the patient's admission, the spinal cord indicator may be edited to indicate the appropriate information for each N501 movement. Enter one of the following codes:

1	Paraplegia--Traumatic
2	Quadriplegia--Traumatic
3	Paraplegia--Nontraumatic
4	Quadriplegia--Nontraurnatic
X	Not applicable

f. DXLS for Losing Bed Section. Enter the ICD-9-CM diagnostic code for diagnosis responsible for the major part of the length of stay on the losing bed section.

g. Other Diagnostic Codes. Only four other diagnostic codes are permitted for each patient movement.

h. Treated for SC Condition. Each N501 segment will contain information as to whether or not the patient was treated for a SC condition during that portion of the inpatient stay. This information should be based on the diagnosis responsible for the major length of the patient's inpatient care for the movement.

301.08 SURGICAL TRANSACTION (N401)

A Surgical Transaction (N401) will be prepared for each episode of surgery for which an SF 516, Operation Report, is present. The term "operative room procedure" includes surgery performed in a main operating room or a specialized operating room. A surgical transaction will be prepared for VA inpatients undergoing surgery in VA facilities and for veterans undergoing surgery in non-VA facilities at VA expense when the patient leaves and returns to the VA facility within a calendar day.

a. Date and Time of Surgery (Operation). Enter the following information:

(1) Enter two-digit equivalent for MONTH (Jan. "01", etc.).

(2) Enter two-digit for DAY of month (01, 02, 31).

(3) Enter last two digits of the YEAR.

(4) Enter the date and time the operation began.

b. Surgical Specialty. Identify the specialty of the Chief Surgeon who performed the operation. If the surgeon is a resident, use the code which reflects the current residency assignment.

50	General (or when specialty is not identified in the following)
51	Gynecology
52	Neurosurgery
53	Ophthalmology
54	Orthopedics
55	ENT (Otorhinolaryngology)
56	Plastic Surgery (includes head and neck)
57	Proctology
58	Thoracic Surgery (includes Cardiac Surgery)
59	Urology
60	Oral Surgery (Dental)
6l	Podiatry
62	Peripheral Vascular

c. Category of Chief Surgeon

(1) For patients operated upon in a VA facility, select the code which will identify the team of surgeons operating:

1	Staff, full-time
2	Staff, part-time
3	Consultant
4	Attending
5	Fee Basis
6	Resident
7	Other (includes Intern)

(2) For patients operated upon in a non-VA facility, select and enter the code which identifies the team of surgeons operating:

V	VA team of surgeons
M	Mixed VA and non-VA team of surgeons
N	Non-VA team of surgeons

d. Category of First Assistant. For patients operated upon in a VA facility, select and enter the code which identifies the employment status/category of the first assistant. For patients operated upon in a non-VA facility, make no entry.

1	Staff, full-time
2	Staff, part-time
3	Consultant
4	Attending
5	Fee Basis
6	Resident
7	Other (includes intern)
8	No assistant

e. Principal Anesthetic Technique. For patients operated upon in a VA facility, select and enter one of the following codes. For patients operated upon in a non-VA facility, make no entry.

0	None
1	Inhalation (open drop)
2	Inhalation (circle absorber)
3	Intravenous
4	Infiltration
5	Field Block
6	Nerve Block
7	Spinal
8	Epidural
9	Topical
R	Rectal
X	Other

f. Source of Payment. Entries will be completed only if the team of surgeons is coded as a V, M, or N.

1	CONTRACT (38 CFR 17.50, 17.50a, 17.50b, 17.80)
2	SHARING (38 CFR 17.50e)

g. Operative Codes. ICD-9-CM Diagnostic Codes will be used. Five codes may be reported for each surgical episode.

h. Transplant Status. When Operation Code 55.69 is used to denote a kidney transplant, the source of the transplant organ must be determined. For patients not receiving a kidney transplant, make no entry.

1	Live Donor
2	Cadaver